The Democratic Republic of the Congo is facing one of the world’s most complex and protracted crises. More than 15 million children bear the brunt of an escalation in armed conflict and recurrent disease outbreaks. These exacerbate chronic poverty, systemic weaknesses and existing population vulnerability. Increased military operations are expected in 2023, alongside rising tensions in the run-up to general elections scheduled for December 2023.

UNICEF is adopting a needs-based approach to respond to a multifaceted and intensifying humanitarian crisis, aiming to ensure that 75 per cent of children in need are assisted. To provide a holistic humanitarian response, UNICEF will continue to offer integrated, life-saving assistance while at the same time enhancing community resilience and social cohesion, to pave the way for longer-term interventions. A systematic approach to scaling up the prevention of sexual exploitation and abuse and gender-based violence prevention and response will be integrated within all programmatic interventions.

UNICEF requires US$862.4 million to address the acute needs of children in the Democratic Republic of the Congo in 2023. Timely, flexible and multi-year funding are essential in supporting UNICEF to reach the most vulnerable, crisis-affected children.

**KEY PLANNED TARGETS**

- **995,800** children with severe wasting admitted for treatment
- **1.7 million** children accessing formal or non-formal education, including early learning
- **2 million** children/caregivers accessing community-based mental health and psychosocial support
- **3.4 million** people accessing a sufficient quantity and quality of water

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A girl smiles in a camp for internally displaced people in Kanyaruchinya, North Kivu Province. UNICEF provides a timely, integrated life-saving response to meet the acute needs of displaced children.
HUMANITARIAN SITUATION AND NEEDS

The Democratic Republic of the Congo is home to one of the world’s most complex and protracted crises: around 26.4 million people, including 15.4 million children,\(^{10}\) are bearing the brunt of an escalation in armed conflict and recurrent disease outbreaks that are exacerbating chronic poverty, systemic weaknesses and vulnerability.\(^{11}\) The scale of humanitarian needs and protection concerns remains massive.

In 2022, the country hosts the second-highest number of internally displaced people in the world.\(^{12}\) Population displacement continues to rise, with more than 1.29 million people displaced between January and July 2022. At least 97 per cent of displaced people live in Ituri, North Kivu and South Kivu Provinces, which have seen a growing number of targeted attacks against civilians and infrastructure, including sites for internally displaced people, schools and health facilities.

Protection concerns remain paramount. More than 2,500 grave violations against children were verified as of September 2022. Recruitment or use of children in armed forces and armed groups is increasing, as is killing and maiming of children, which increased by 10 percent in 2022 compared with 2021.\(^{13}\) Humanitarian access is constrained, and the presence of partners is diminishing in some areas due to insecurity and operational restrictions. With the deployment of the East African Community Joint Regional Force in the eastern part of the country, increased military operations are expected in 2023, alongside mounting tensions in the run-up to general elections scheduled for December 2023.\(^{14}\)

The Democratic Republic of the Congo continued to face epidemic outbreaks in 2022. As of November, the country had experienced two new Ebola outbreaks, and the measles situation remained critical, with the number of suspect cases reaching more than 122,414 (with 1,444 deaths reported) - vastly exceeding reported measles cases in 2021.\(^{15}\) The country has one of the highest risks of cross-border spillover spread of the current Ebola outbreak in Uganda, which requires urgent anticipatory action in three provinces. The number of suspected cholera cases also increased by 206 per cent compared with the same period in 2021, with 12,797 suspected cholera cases and 243 deaths reported.\(^{16}\) The coronavirus disease 2019 (COVID-19) pandemic has had a major impact on all primary health services, including the availability of essential care and routine immunization.

The nutrition situation remains critical. As of September 2022, 17 per cent of health zones were on nutritional alert and the number of emergency alerts had increased by 84 per cent compared with the same period in 2021.\(^{17}\) To reduce malnutrition in the long-term, UNICEF’s response aims to increase the proportion of infants aged 0-5 months who are exclusively breastfed to 61 per cent and the proportion of children aged 6-23 months who are receiving the minimum dietary diversity to 25 per cent (by 2025).

Throughout the country, more than 1.3 million children under age 5 require treatment for severe wasting; 3.9 million women/children need emergency protection services; 6.6 million children require emergency water and sanitation; and 2.7 million children require emergency education support.\(^{18}\)

STORY FROM THE FIELD

Tens of thousands of children are in hiding in North Kivu Province. Many of them are unaccompanied or have been separated from their parents.

Passing through the doors of Rutshuru day centre, the joyful mix of children’s cries and laughter rises up to contrast with the gloomy atmosphere that reigns in the province.

At the day centre, recreational activities are followed during quieter times, when children can weave baskets or learn new skills. It is during one of these workshops that Meshack shares his story. The 13-year-old boy was separated from his parents on the Congolese Independence Day.

Read more about this story here
In 2023, UNICEF will remain among the first responders delivering a needs-based, timely and integrated life-saving response to reach vulnerable children. A gender approach will be systematically integrated throughout the response. Aiming to enable holistic humanitarian assistance, UNICEF will provide immediate access to essential services while enhancing community resilience and paving the way for longer-term interventions using a nexus approach.

Localization57 through community engagement and the empowerment of local actors will remain the backbone of UNICEF’s strategy. Such a strategy allows for improved effectiveness, greater acceptance and enhanced access to hard-to-reach areas, while increasing overall efficiency and value for money.

At the onset of crises, UNICEF and partners will deliver rapid response to save lives and mitigate the immediate impact. UNICEF’s localized Rapid Response Mechanism (called UniRR) will focus on population movements and natural hazards,28 while the rapid response to cholera focused on suspected cases will help to stop the transmission of that disease.29 UNICEF will continue strengthening the linkages between health, nutrition, water, sanitation, hygiene (WASH), education and child protection and gender-based violence programming. This will enable more integrated humanitarian assistance and increase children’s access to quality and inclusive assistance in a protective and child-friendly environment. When appropriate, UNICEF will strengthen the use of humanitarian cash transfers to address urgent needs through multipurpose transfers or to meet sectoral outputs.30

To support responses to public health emergencies, UNICEF, with the Government and partners, will contribute to the coordination and response of several outbreak response pillars.31 Specific community needs will also be addressed, including through support to the continuity of essential social services for children, adolescents and women.

Children associated with armed groups and unaccompanied or separated children will receive appropriate and individualized care, focusing on innovative reintegration programmes. To save the lives of children, health, nutrition and WASH efforts will focus on improving access to basic WASH services,32 primary health care and immunization. They will also support early detection of severe wasting and subsequent referrals and treatment in the community and in health facilities. Preventive interventions - such as infant and young child feeding counselling - will be reinforced in 2023. For UNICEF, prevention of sexual exploitation and abuse is a top priority, along with prevention of gender-based violence. The organization will continue to enforce a holistic and systematic approach to scaling up related prevention measures within all its interventions through its gender, gender-based violence and prevention of sexual exploitation and abuse mechanism.33

Finally, UNICEF will continue to lead the WASH, Nutrition and Education Clusters, the Child Protection Area of Responsibility and the working group coordinating distribution of essential household items. UNICEF also co-leads the United Nations Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict.

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### 2023 Programme Targets

#### Health
- 10,958,900 children vaccinated against measles
- 618,400 children and women accessing primary healthcare in UNICEF-supported facilities

#### Nutrition
- 995,800 children 6-59 months with severe wasting admitted for treatment34
- 1,886,900 primary caregivers of children 0-23 months receiving infant and young child feeding counselling35
- 58,000 children 6-59 months receiving micronutrient powder

#### Child Protection, GBVIE and PSEA
- 2,009,600 children, adolescents and caregivers accessing community-based mental health and psychosocial support
- 397,800 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions36
- 600,000 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations37
- 7,250 children who have exited an armed force and groups provided with protection or reintegration support
- 10,200 unaccompanied and separated children provided with alternative care and/or reunified

#### Education
- 1,726,400 children accessing formal or non-formal education, including early learning38
- 1,035,900 children receiving individual learning materials39

#### Water, sanitation and hygiene40
- 3,384,000 people accessing a sufficient quantity and quality of water for drinking and domestic needs
- 3,977,600 people accessing appropriate sanitation services

#### Social Protection41
- 100,000 households reached with UNICEF-funded humanitarian cash transfers

#### Cross-sectoral (HCT, SBC, RCCE and AAP)
- 115,000 households reached with UNICEF-funded humanitarian cash transfers across sectors42
- 300,000 people who participate in engagement actions43

#### Rapid response mechanism
- 1,080,000 people whose life-saving non-food items needs are met through supply or cash distributions within seven days of needs assessments
- 693,000 people targeted around suspected cholera cases received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system44

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**HUMANITARIAN STRATEGY25,26**

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

UNICEF increased its targets in the 2023 Humanitarian Response Plan to ensure that our response plans, along with cluster partners, cover 75 per cent of the cluster-specific people in need.
FUNDING REQUIREMENTS IN 2023

UNICEF requests US$862.4 million to meet the critical humanitarian needs of the most vulnerable children in the Democratic Republic of the Congo and contribute to the realization of children’s rights in 2023. The 142 percent budget increase compared with the 2022 appeal reflects the humanitarian needs and rights-based approach that will be adopted by UNICEF in the the country in 2023, in view of the sharp increase of humanitarian needs: UNICEF is ensuring that 75 per cent of the people in need in the sectors led by UNICEF are assisted. The budget is also impacted by rising operating costs and global inflation triggered by the war in Ukraine.

These funds will allow UNICEF to provide life-saving services in the most vulnerable areas, promote integrated humanitarian interventions and use a community-based approach to provide more timely, effective and efficient support to more than 8.1 million children and their families. Without timely and adequate funding, children’s multiple needs will continue to go unmet. More than 1.1 million children under 5 years of age will not be vaccinated against measles and 995,000 will not have access to treatment for severe wasting; 3.4 million people will not have access to safe water; 1.1 million will not benefit from a rapid response to address their most immediate needs; 2 million children and caregivers will be deprived of mental health and psychosocial support; and 1.7 million children will not have access to education.

Flexible resources remain essential to mounting a swift and efficient response. They are critical to alleviating the suffering of Congolese children and to upholding and promoting their rights.

**Who to contact for further information:**

**Grant Leaity**
Representative, Democratic Republic of the Congo
T +243 831 286 343
gleaity@unicef.org

**Manuel Fontaine**
Director, Office of Emergency Programmes (EMOPS)
T +1 212 326 7163
mfontaine@unicef.org

**June Kunugi**
Director, Public Partnerships Division (PPD)
T +1 212 326 7118
jkunugi@unicef.org

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**Sector** | **2023 requirements (US$)**
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Health | 59,331,600
Nutrition | 330,946,100
Child protection, GBViE and PSEA | 53,711,600
Education | 174,633,400
Water, sanitation and hygiene | 76,392,200
Social protection | 41,600,000
Cross-sectoral (HCT, SBC, RCCE and AAP) | 56,241,400
Rapid response mechanism | 65,792,600
Cluster coordination | 3,750,000
**Total** | **862,398,900**

*This includes costs from other sectors/interventions: Cross-sectoral (HCT, SBC, RCCE and AAP) (6.5%), Child protection, GBViE and PSEA (6.2%), Social protection (4.8%), Cluster coordination (<1%).
UNICEF’s target is based on a projection of 7,700 suspected cases for 2023. Through the case area targeted interventions (CATI) approach, 15 households (6 members each) are targeted around each suspected cholera case.

Finally, through a cash for nutrition approach, 30,000 households will receive cash for four months to prevent malnutrition, improve food security and waste water treatment. UNICEF’s ration is 5,000 Congolese francs per month. Of these households, 1,300 are new beneficiaries and 28,700 were already receiving assistance through the cash for nutrition approach, which is being continued for four additional months. In total, 30,000 households will receive cash assistance for food and nutrition.

In 2022, UNICEF supported through the HOPE cash operation 208,000 households in the Democratic Republic of Congo and 1,726,377 children reached with formal or non-formal education, including early learning.

ENDNOTES

1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Strategic Phase for the global COVID-19 pandemic response, as COVID-19 has been shifted into regular development programming and operations. While UNICEF’s Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.

2. In 2021, and 2022, UNICEF undertook an independent evaluation of the Integrated Management of Childhood Illness (IMCI) in the Democratic Republic of Congo and the evaluation findings indicate that integrated IMCI services have improved significantly over the past years.

3. UNICEF has increased its targets in the 2023 Humanitarian Response Plan compared to the previous year, to ensure that the response plans, along with those of other cluster partners, will cover 75 per cent of the cluster-specific needs in need.

4. The 140 per cent budget increase reflects the humanitarian needs and rights-based approach that is being adopted by UNICEF in the Democratic Republic of Congo in 2023, due to the sharp increase in humanitarian needs. The budget is also impacted by the increased operating costs and global inflation crisis triggered by the war in Ukraine.

5. The population in need is estimated to be 200 million, with an estimated 17 million children in need. Of these, 6 million children are in need of humanitarian cash transfers and complementary humanitarian programmes in the country.

6. People in need for humanitarian cash assistance is 17.8 million for the Democratic Republic of Congo.

7. Evidence shows that cash transfers help the poorest families meet their basic needs and generate a wide range of other benefits, such as increased household productive capacity, improved dietary diversity and children’s school attendance. The provision of cash transfers helps meet children’s immediate basic needs, and over time mitigates risks and reduces the needs and vulnerabilities of women, girls and marginalized populations. The deployment of strategic tools, systems (Humanitarian Cash Operation Programme, HOPE), or operational capacities has enabled UNICEF to implement pilots and humanitarian cash and social safety nets interventions since 2021. In addition to the cash for nutrition approach, in 2022, UNICEF further developed cash transfers and cash plus programmes in the country. For example, a new multipurpose cash programme using mobile money in Mbuina, Tanganyika Province, supports to internally displaced people and vulnerable host communities to invest in or improve livelihoods and to access critical services.

8. The case area targeted interventions methodology was integrated into the National Cholera Elimination Plan in March 2020 during the last review by the Ministry of Public Health and the Ministry of Planning. This approach strengthens the epidemiological and microbiological surveillance system and allows for rapid and concerted public health decision-making. The methodology is defined by four axes of intervention: 1) reinforcement of coordination and epidemiological and microbiological surveillance; 2) community mobilization and distribution of learning materials for students, teachers at schools - with 60 per cent of children accessing education as stated in indicator #1; 3) preparedness, community engagement and intensification of hygiene promotion; and 4) implementation of rapid water and sanitation interventions in outbreak areas.

9. The costs were calculated based on the total number of people in need for UNICEF’s mandate, and the number of families in need of humanitarian cash transfers across sectors.

10. In 2021, 12.5 million people were internally displaced as a result of conflict and violence as well as through the onset of the COVID-19 pandemic. See Internal Displacement Monitoring Centre (IDMC), Global Report on Internal Displacement, IDMC, Geneva, 2022, available at [www.internal-displacement.org/global-report-2022].


13. Children make up 58.5 per cent of the population, based on the National Institute of Statistics Democratic Republic of the Congo Statistical Yearbook 2015–2017. The number of children in need for UNICEF’s mandate is 12.3 million.

14. General elections are expected to be held in the Democratic Republic of the Congo in December 2023, according to a roadmap released in February 2022 by the Independent National Electoral Commission (CENI).

15. Numbers of people in need and children in need are calculated according to different humanitarian impacts affecting populations and essential services in the country, and also based on areas where impact is most severe. The humanitarian impacts are categorized based on the Humanitarian dashboard as follows: 1) emergency, 2) acute, and 3) moderate/low. The acute and moderate/low areas are considered to be in need of the Humanitarian Cash Operation and Programme Ecosystem, or HOPE) and operational capacity has enabled UNICEF to implement pilots and humanitarian cash and social safety nets interventions since 2021. In addition to the cash for nutrition approach, in 2022, UNICEF further developed cash transfers and cash plus programmes in the country.

16. UNICEF aims to reach 15,000 households through the Rapid Response Mechanism to receive one-off multipurpose cash assistance to cover their basic needs for three months. In addition, 70,000 households will be assessed on the basic needs and will receive cash for their basic needs for four months. Finally, through a cash for nutrition approach, 30,000 households will be receive cash for four months to prevent malnutrition, improve food diversity for children aged 6-23 months, complement severe wasting treatment and prevent defaulter.

17. Community actors involved in the humanitarian response, including community-based workers, deployed people’s leaders, chiefs of villages and other community leaders, as well as community people who participate in community dialogues.

18. The target is based on a projection of 7,700 suspected cases for 2023. Through the case area targeted interventions (CATI) approach, 15 households (6 members each) will be targeted around each suspected cholera case.

19. For more information on the methodology, see [https://www.unicef.org/ourwork/humanitarian-cash-transfers].

20. The effects of rising food, fertilizer and fuel prices resulting from multiple global factors, including the war in Ukraine, have driven up global humanitarian needs and increased the cost of nutrition interventions.

48. Unit cost: US$74 per child for access to education and US$16 per child for learning, plus operational cost (21 per cent).

49. Unit cost: access to safe water US$12/person, sanitation US$9/1 for maximum 18 people. WASH in health centres: cost for training for health workers estimated to at US$41 per person. The estimated cost for WASH infrastructure in 120 health facilities is US$45,000 per health facility.

50. 60,000 households who previously received humanitarian cash transfers will receive US$25 per month for 8 months, and 40,000 others will receive US$25 per month for 20 months to protect the outcome of humanitarian interventions and increase resilience to further shocks. The transfer value amount is based on the government social assistance transfer value.

51. Includes US$49,595,000 for humanitarian cash transfers and US$6,646,363 for communications for development activities and community engagement.

52. Includes US$54,507,600 for the UNICEF Rapid Response mechanism (UniRR) and US$11,284,980 for the cholera rapid response using the CATI approach.